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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/998,537 11/28/2001 ABN *54*

** FOREIGN APPLICATIONS *****

None
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
 10/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

26853

TITLE

Antioxidant dermatological composition

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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